

<i>SERFF Tracking Number:</i>	<i>VANL-125983775</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Vanliner Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-FOOO-03-2009-CPPK</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Arkansas Commercial Package Form Filing</i>		
<i>Project Name/Number:</i>	<i>Arkansas Commercial Package Form Filing/AR-FOOO-03-2009-CPPK</i>		

Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Arkansas Commercial Package SERFF Tr Num: VANL-125983775 State: Arkansas

Form Filing

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0003 Commercial Package Co Tr Num: AR-FOOO-03-2009-CPPK State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Tina Kampwerth Disposition Date: 01/12/2009

Date Submitted: 01/12/2009 Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: Arkansas Commercial Package Form Filing

Project Number: AR-FOOO-03-2009-CPPK

Reference Organization: independent

Reference Title: independent

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Commercial Package Form Filing

Status of Filing in Domicile: Authorized

Domicile Status Comments: Approved as Filed

Reference Number: independent

Advisory Org. Circular: independent

Deemer Date:

SERFF Tracking Number: VANL-125983775 State: Arkansas
 Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-FOOO-03-2009-CPPK
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Arkansas Commercial Package Form Filing
 Project Name/Number: Arkansas Commercial Package Form Filing/AR-FOOO-03-2009-CPPK

Company and Contact

Filing Contact Information

Tina Kampwerth, Senior Compliance Coordinator Tina_Kampwerth@Vanliner.com
 One Premier Drive (800) 325-3619 [Phone]
 St. Louis, MO 63026 (636) 305-4270[FAX]

Filing Company Information

Vanliner Insurance Company CoCode: 21172 State of Domicile: Arizona
 One Premier Drive Group Code: -99 Company Type:
 St Louis, MO 63026 Group Name: State ID Number:
 (636) 343-9889 ext. [Phone] FEIN Number: 86-0114294

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR Filing Fee = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	01/12/2009	24945255

SERFF Tracking Number: VANL-125983775 *State:* Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

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Disposition

Disposition Date: 01/12/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Arkansas Commercial Package	Approved	Yes
Form	Cancellation/Nonrenewal Notice		

SERFF Tracking Number: VANL-125983775 State: Arkansas

Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-FOOO-03-2009-CPPK

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Arkansas Commercial Package Form Filing

Project Name/Number: Arkansas Commercial Package Form Filing/AR-FOOO-03-2009-CPPK

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Commercial Package Cancellation/Nonrenewal Notice	AR PK 10 06	10 06	Other	New			AR PK 10 06.pdf

**NOTICE OF CANCELLATION/NONRENEWAL
COMMERCIAL PACKAGE
ARKANSAS**

Policy Number:

Name and Address of Insured

Effective Date of Cancellation: , 1 2:01 AM

Date of Mailing:

Name and Address of Insurance Company

Vanliner Insurance Company
One Premier Drive
St. Louis, MO 63026

Name and Address of Agent/Broker

Name and Address of Additional Insured(s)

Name and Address of Mortgagee(s)

We are notifying you in accordance with the terms and conditions of the listed policy, and in accordance with law, that your insurance will cease as of the hour and date listed above for the following reason(s):

- ☐ Non-payment of premium.
- ☐ Non-payment of audit.
- ☐ Non-payment of deductible.
- ☐ Cancellation -- (type reason of cancellation)
- ☐ Non-Renewal
- ☐ Other

Premium Adjustment

A bill for unpaid premium earned to the time of the cancellation will be sent to you shortly.

Additional Comments

AUTHORIZED REPRESENTATIVE

<i>SERFF Tracking Number:</i>	<i>VANL-125983775</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Liability</i>		
<i>Product Name:</i>	<i>Arkansas Commercial Package Form Filing</i>		
<i>Project Name/Number:</i>	<i>Arkansas Commercial Package Form Filing/AR-FOOO-03-2009-CPPK</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: VANL-125983775 State: Arkansas
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-FOOO-03-2009-CPPK
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/12/2009

Comments:
Arkansas Commercial Package Cancellation/Nonrenewal Notice

Attachments:
AR PK 10 06 filing forms.pdf
AR Form Ltr.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		Cancellation/Non Renewal Notice		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Cancellation/Non Renewal Notice	AR PK 10 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

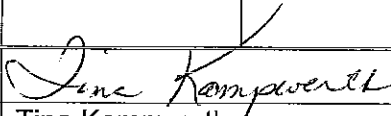
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Vanliner Insurance Company	MO	21172	86-0114294	24

5. Company Tracking Number	AR PK 10 06
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tina Kampwerth Vanliner Insurance Company One Premier Drive St. Louis, MO 63026	Product Manager	636-305-4793 800-325-3619 ext. 4609	636-305-4270	Tina_Kampwerth@Vanl iner.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tina Kampwerth		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0003
10. Sub-Type of Insurance (Sub-TOI)	5.0003
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	AR PK 10 06
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/2009 Renewal: 03/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	01/12/2009
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR PK 10 06
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Cancellation Form - Division 9 - Multiple Line - Commercial Package Policy

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div style="margin-top: 100px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



January 12, 2009

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: Vanliner Insurance Company
NAIC# 000-21172
Federal I.D. #86-0114294
Cancellation Form Filing
Proposed Effective Date: March 1, 2009

Dear Honorable Benafield:

Vanliner Insurance Company is seeking approval on the above form to become effective on March 1, 2009. The supporting documentation is enclosed.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4609 or email me at Tina_Kampwerth@Vanliner.com.

Sincerely,

A handwritten signature in cursive script that reads 'Tina Kampwerth'.

Tina Kampwerth
Product Manager

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